

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002586

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 6

STATE FILE NUMBER

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY

Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY Lincoln

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bedford TwpLength of stay in lb
~~XXXXXX~~
5 Daysc. CITY
OR TOWN Troy

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lincoln Co. Gen. Hosp.Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
FloraMiddle
LouiseLast
Worsley4. DATE
OF DEATH

Month

Day

Year

January 5, 1962.

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/4/93

9. AGE (last birthday)

68

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Fredricktown, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Carver

13b. MOTHER'S MAIDEN NAME

Mary Jackson

14. NAME OF HUSBAND OR WIFE

Charles Worsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles Worsley, Troy, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Medullary Failure

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Congestive Heart Failure

DUE TO (c) Coronary Infarction & Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/29/61

to 1/5/62

and last saw her alive on 1/5/62

Death occurred at

6:50 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

Troy, Missouri.

22c. DATE SIGNED

1/5/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1/8/62

23c. NAME OF CEMETERY OR CREMATORY

Old Alexandria Cem.

23d. LOCATION (City, town, or county)

Lincoln Co. Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Temper-Marsh Funeral Home, Troy, Mo.

25. DATE RECD. BY LOCAL REG.

1-7-1962

26. REGISTRAR'S SIGNATURE

Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1962

FEB 6 1962

FEB 15

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph J. Marsh Jr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.